

Rick Scott Governor

Mike Carroll Secretary

William S. D'Aiuto Regional Managing Director

Institutional Staffing Form/ Circuit 10

Staffing Date: 05/12	2/2016	FSFN Intake Number: 2016-076950	
Facility/Foster Hom	ne: Richard and Danielle Bush	Date Intake Received:	3/19/16
ODI NI-we /Ni-whow	A D		
CPI Name/Number:			
Case Manager Nam	e/CMO/Number: Elizabeth Parri	sh	
Name of Child(ren):			
Allegation(s): On 03	/10/2016 the Department receive	ed a call win the hetline indicatings	
Aneganon(s). On 05	/19/2016, the Department receive	ed a call via the hotline indicating:	
Maltreatment 1:			
Evidence/Observatio	ons: The children were observed in	the home of the Bush family. The family	stated
that the incident had	occurred on Thursday 03/17/20	16. He picked up the children from sch	hool
and the boys came to		he put the chain lock on the door and I	locked
the door. initially gave a story	in the playroom while the	father had to go use the restroom. The	family
my Barra arrang	describing		



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Maltreatment 2:			
Evidence/Observation	ns:		



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Potential Licensing Violation/ Concerns:

Licensing Department did not state any additional concerns.

Other Safety Concerns:

Actions to be taken:



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Invited to Staffing	Present	Not Present
Susan Ripley, HFC Director of Licensing		
Wendy Cheney, HFC Licensing Program Mana	ger	
_Aram Perry, DCF CPI		
Heather Recchia, DCF CPIS		
Chris Rosario, HFC Relicens	sing Specialist	
Carlos Colon, Regional Licensing Specialist		
Elizabeth Parrish, Case Manager	•	
Colleen Riddle, Director of Foster Care		
Vanessa Snoddy, Licensing Director		